

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		8	12-11-00
FORMALITY REVIEW	4/22	657	4/5/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/29/02
2	✓	✓	1/1/04
3	✓	✓	1/1/04
4	✓	✓	1/1/04
5	✓	✓	1/1/04
6	✓	✓	1/1/04
7	✓	✓	1/1/04
8	✓	✓	1/1/04
9	✓	✓	1/1/04
10	✓	✓	1/1/04
11	✓	✓	1/1/04
12	✓	✓	1/1/04
13	✓	✓	1/1/04
14	✓	✓	1/1/04
15	✓	✓	1/1/04
16	✓	✓	1/1/04
17	✓	✓	1/1/04
18	✓	✓	1/1/04
19	✓	✓	1/1/04
20	✓	✓	1/1/04
21	✓	✓	1/1/04
22	✓	✓	1/1/04
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25	✓	✓	1/1/04
26	✓	✓	1/1/04
27	✓	✓	1/1/04
28	✓	✓	1/1/04
29	✓	✓	1/1/04
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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